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PATENT APPLICATION
Attorney's Docket No.: 2345.2003-001
Expedited Procedure under 37 C.F.R. § 1.116
Examining Group 2135

AF
ZJW



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Hakon Gudbjartsson, Sverrir Karlsson and Skeggi Thormar

Application No.: 09/808,720 Group: 2135

Filed: March 15, 2001 Examiner: Paula W. Klimach

Confirmation No.: 5511

For: Automatic Identity Protection System with Remote Third Party Monitoring

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
June 6, 2005	<i>Marianne Lentini</i>
Date	Signature
<i>Marianne Lentini</i>	
Typed or printed name of person signing certificate	

AMENDMENT AFTER FINAL REJECTION UNDER 37 C.F.R. § 1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Amendment After Final Rejection is being filed in response to the Final Office Action mailed from the U.S. Patent and Trademark Office on April 5, 2005 in the above-identified application. Reconsideration and further examination are requested.

Please amend the application as follows:

June 6, 2005



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Hakon Gudbjartsson, Sverrir Karlsson and Skeggi Thormar

Application No.: 09/808,720 Group: 2135

Filed: March 15, 2001 Examiner: Paula W. Klimach

Confirmation No.: 5511

For: AUTOMATIC IDENTITY PROTECTION SYSTEM WITH REMOTE
THIRD PARTY MONITORING

CERTIFICATE OF MAILING OR TRANSMISSION	
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June 6, 2005	<i>Marianne Lentini</i>
Date	Signature
MARIANNE LENTINI	
Typed or printed name of person signing certificate	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final for filing in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	36	MINUS *	39	
INDEP	2	MINUS **	3	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

* not fewer than 20

** not fewer than 3

SMALL ENTITY

	RATE	ADDIT. FEE
X	\$ 25	\$
X	\$ 100	\$
+	\$ 180	\$

TOTAL= \$ 0

OTHER THAN
SMALL ENTITY

	RATE	ADDIT. FEE
X	\$ 50	\$
X	\$ 200	\$
+	\$ 360	\$

TOTAL= \$ 0

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)

SMALL ENTITY

Rate	Total Amount Owed
X \$125	\$[]

OTHER THAN
SMALL ENTITY

Rate	Total Amount Owed
X \$250	\$[]

Payment
Sufficient for
up to

[] Sheets

Petition for Extension of Time

[] Applicant hereby petitions to extend the time to respond to the [] dated [] for [] month(s) from [] to []. The appropriate fee is set forth below.

[] [For action-specific language in an extension of time, go to insert, file, public folders, firm templates, and select the appropriate paragraph.]

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
	_____	\$ _____
	_____	\$ _____
	TOTAL:	\$ <u>0</u>

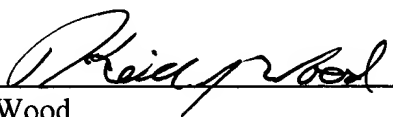
A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
	_____	\$ _____
	_____	\$ _____
	TOTAL:	\$ <u>0</u>

☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By 
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Concord, Massachusetts 01742-9133

Dated: 6/6/05